

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8098

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 70	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Cole			
b. CITY OR TOWN Jefferson City Mo				c. CITY, OR TOWN Jefferson City, Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION 612 Chestnut St				d. STREET ADDRESS (If rural, give location) 612 Chestnut St.			
3. NAME OF DECEASED (Type or Print) SALLIE		a. (First)		b. (Middle)		c. (Last) JONES	
5. SEX Female		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 9-23-1892	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		9. AGE (In years last birthday) 58		11. BIRTHPLACE (State or foreign country) Cole County, Mo	
13a. FATHER'S NAME Harvey Cole		13b. MOTHER'S MAIDEN NAME Maggie Kelly		14. NAME OF HUSBAND OR WIFE Gabriel Jones		12. CITIZEN OF WHAT COUNTRY U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Caroline Campbell-915 E. Elm St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Kidney DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 10, 1949 to 3-15, 1950 that I last saw the deceased alive on 3-17, 1950 and that death occurred at 12:05 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. Bruce M.D.				23b. ADDRESS 234 Madison Jefferson City, Mo		23c. DATE SIGNED 3-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		Mar 18, 1950		Crown Grove		Cole Co., Mo	
DATE REC'D BY LOCAL REG. March 20 - 50		REGISTRAR'S SIGNATURE R.P. Harris MD - M.R. 68		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
				Lester Davis 700 Jefferson			

(Licensed Embelmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 28 1950  
District Health Officer No. 9  
District File Number

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4623

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.